



JPW

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/644,399
		Filing Date	August 19, 2003
		First Named Inventor	Francis X. McKeen
		Art Unit	2181
		Examiner Name	Meonske, Tonia L.
Total Number of Pages in This Submission	21	Attorney Docket Number	42P15739

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<div style="border: 1px solid black; padding: 5px;">- Return postcard</div>
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lester J. Vincent, Reg. No. 31,460 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	March 6, 2007

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Joan I. Abriam		
Signature		Date	March 6, 2007



FEE TRANSMITTAL for FY 2006

Patent fees are subject to annual revision.

Complete if Known

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☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 130.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☒ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge fee(s) indicated below, except for the filing fee ☒ Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.
☒ Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

FEE CALCULATION

1. EXTRA CLAIM FEES

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	Extra Claims		Fee from below		Fee Paid														
Total Claims	<table><tr><td>20</td><td>-</td><td>20*</td><td>=</td><td>0</td></tr><tr><td>8</td><td>-</td><td>8*</td><td>=</td><td>0</td></tr></table>	20	-	20*	=	0	8	-	8*	=	0	x	<table><tr><td>50.00</td></tr><tr><td>200.00</td></tr></table>	50.00	200.00	=	<table><tr><td>\$0.00</td></tr><tr><td>\$0.00</td></tr></table>	\$0.00	\$0.00
20	-	20*	=	0															
8	-	8*	=	0															
50.00																			
200.00																			
\$0.00																			
\$0.00																			
Independent Claims																			
Multiple Dependent																			

Large Entity	Small Entity	
Fee Code	Fee (\$)	Fee Description
1202	50	2202 25 Claims in excess of 20
1201	200	2201 100 Independent claims in excess of 3
1203	360	2203 180 Multiple Dependent claim, if not paid
1204	790	2204 395 **Reissue independent claims over original patent
1205	300	2205 150 **Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)
		0.00

**or number previously paid, if greater, For Reissues, see below

2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify) _____				Terminal Disclaimer Fee _____	
SUBTOTAL (2)				(\$)	130.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Lester J. Vincent	Registration No. (Attorney/Agent)	31,460	Telephone	(408) 720-8300
Signature		Date	03/06/07		